Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Governor's Office				Form OUI
Division, Department, or Region	(if applicable)		*	For Official Use Only
Street Address				
State Capitol				
Area Code/Phone Number E-n	nail		Amendment (explain i	in comment section)
(916) 445-0873			Date of Orlginal Filing:	
Agency Contact (name and title)			Date of Original Pilling.	(month, day, year)
Dan Maguire, Deputy Legal Aff	airs Secretary			
2. Donor Name and Address				
☐ Individual		○ Other	GE c/o Universal Stu	dios Hollywood
		140-150 (100-150-150-150-150-150-150-150-150-150-	CA	91608
100 Universal City Plaza 5511- Address	6 Universal City		State	Zip Code
		mpony		5. 41 to 2000 p. 14.
GE is a diversified technology, If "Other" is marked, describe the entity's business.	media, and financial services co	erests		
If applicable, identify the name of ea			ad by the departer this si	41.
if applicable, identify the name of ea	ach source and the amount(s) souch	ited of receive	a by the donor for this gi	11.
	\$		Name	\$
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Payment	(other than travel) 09 05 08	. \$	13,078 (Round to whole dollars)	
- 1	(month, day, year)		(Round to whole dollars)	
Travel Payment Information (Re	ound to whole dollars) Location of	Travel		
Dalote) of Travel	tation Expenses Lodging Expenses	\$Meal Expe	enses Other Expens	es Total Expenses
Provide a specific descripti				
GE paid Vernon T. Williams, Ph				- 500.
August 13 - 15, 2008.				
Identify the officials for who	om the navment was used.			
identity the officials for who	on the payment was asea.			
Not Applicable				
Last Name	First Name	15	Title	Department/Division
Last Name	First Name		Title	Department/Division
4. Verification				
I have determined that it is in the into	eracts of the agency to account this	aift and use it	for the official sacray by	using an elegation of above
rnave ceterninea that it is in the inte	erests of the agency to accept this	yın anu üse il	for the unicial agency bu	isiness described above.
CN +				. 110/
80	Susan Kennedy	Chief	of Staff	10/1/08
Signature of Agency Head or Qusignee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attac	chment for any additional information 1			
200 - 2 2 200 - 2 2 2 2 2 2 2 2 2 2 2 2				